

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30037**
Registrar's No. **7376**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 0

3. (a) PRINT FULL NAME Harry Henry Keene

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Feb. 17 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 34 hr. min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Banking (Retired)

11. Industry or business _____

MOTHER FATHER { 12. Name John Keene
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Anna Godson
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Keene
(b) Address Onarga, Ill.
17. (a) Removal (b) Date thereof 9/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Onarga, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) SEP 12 1941 (b) J. B. Biduck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Iroquois
(c) City or town Onarga (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11
year 1941 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from August 26, 1941, to September 11, 1941; that I last saw him alive on September 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Appendicitis + Cholecystitis
Divertericulitis

Due to Cholecystitis without stones

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations See above (no appendicitis)
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Llewellyn Sale (M. D. or other) D.D.
Address BARNES HOSPITAL Date signed 9/11/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *G. W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.